U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Faiture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing. Name Margaret C Slodysko Name UFCN Int 1 Union Labor Organization. Name UFCN Int 1 Union Labor Organization Name UFCN Int Union Labor Organization Union Union	1. File Number U - 10182	2, Fiscal Year Covered From:
Name Margaret C Slodysko Name UPCW Int'1 Union Labor Organization File Number		1 / [1] / [2005] Through: [12] / [31] / [2005]
Labor Organization File Number 300 - 056 P.O. Box, Bidg., Room No., if any Street 1775 K Street, NW Street 1775 K Street, NW City Washington City Washington State District of Columbia ZIP Code +4 20006 - 1598 5. Position in labor organization. Enter appropriate data below II, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is solively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name 7.b. Amount. Street City State ZIP Code +4 Signature Signature Signature and verification. The undersigned cleatares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Skinghed A. Like A. A. A. A. A. A. A. S. A. S. A. S. A. S. A. S. A. S.	3. Name and address of person filing.	Name, file number, and address of labor organization.
P.O. Box, Bidg., Room No., if any Street 1775 K Street, NW Street 1775 K Street, NW City Washington State District of Columbia 2IP Cide+4 20006-1598 State District of Columbia 2IP Code+4 20006-1598. 5. Position in labor organization. Enter appropriate data below If, during the past flacal year, you or your spouse or minor child directly or hidrectly had any of the following interests (except an specified in the exclusions set forth in the instructions): A. Held on interest in, engaged in transactions (including loans) with, or derived income or other exconomic benefit of monetary value from an employer whose employers your organization represents or is actively seeking to preparent. 5. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount. Signature 15. Signature and verification. The undersigned feedures, under penalty of Perpuy and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name Margaret C Slodysko	Name UFCW Int'l Union
Street 1775 K Street, NW City Washington State District of Columbia ZIP Code + 4 20006-1598 State District		Labor Organization File Number 000-056
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City washington City washington State District of Columbia ZIP Code + 4 20006-1598 State District of Columbia ZIP Code + 4 20006-1598 State District of Columbia ZIP Code + 4 20006-1598 State District of Columbia ZIP Code + 4 20006-1598 State District of Columbia ZIP Code + 4 20006-1598 State District of Columbia ZIP Code + 4 20006-1598 State ZIP Code + 4 ZIP Code	Street 1775 K Street, NW	Street 1775 K Street, NW
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State ZIP Code + 4	Trade Name, it any:	
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Signed Murgaill A. Schalepher On 5/11/2006 202-223-3111 Date Telephone Number	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the	
Date Telephone Number	Signed Mergarth of Aladerski	On 5/11/2006 202-223-3111
1		Date Telephone Number

Name of Person Filing Margaret Slodysko	File Number U- 10182	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Union Privilege Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 300 Street 1125 15th Street, NW City Washington State District of Columbia ZIP Ccde + 4 20005	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Provides affinity program marketing services to the union.	
P.O. Box, Bldg., Room No., if any		
F.O. Box, blog., North Wor, It ally	[
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Ccde + 4	3/25/05 award (\$100.00) award was returned in 2005 3/27/05 lunch at meeting (\$27.11) 4/1/05 beverage and dinner at meeting (\$168.86) 4/1/05 hotel expense for attending conference(\$745.80)	
	12.b. Amount. \$942	
	12.0. Allount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City '	`	
State ZIP Codle + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	